

the Massachusetts

# nurse



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ADVOCATE

**MNA delegates  
make presence  
felt at NNU  
Convention**



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**MNA**<sup>SM</sup>

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## Entrenching the chokehold of insurance giants

From The Nation

Posted by John Nichols

Want to know what's wrong -- really wrong -- with the health-care "reform" bill being pushed through the Senate by Majority Leader Harry Reid?

Ask a nurse.

"It is tragic to see the promise from Washington this year for genuine, comprehensive reform ground down to a seriously flawed bill that could actually exacerbate the health-care crisis and financial insecurity for American families, and that cedes far too much additional power to the tyranny of a callous insurance industry," says National Nurses Union co-president Karen Higgins, RN.

"Sadly," adds Higgins, "we have ended up with legislation that fails to meet the test of true health-care reform, guaranteeing high quality, cost effective care for all Americans, and instead are further locking into place a system that entrenches the choke-hold of the profit-making insurance giants on our health. If this bill passes, the industry will become more powerful and could be beyond the reach of reform for generations."

The 150,000-member NNU, the largest union and professional organization of registered nurses in the U.S., condemned Reid's bill as a deeply flawed measure that grants too much power to the nation's largest private and for-profit insurers.

Specifically, the union that takes in the powerful California Nurses Association, cited 10 fundamental flaws in the Senate bill:

1. The individual mandate forcing all those without coverage to buy private insurance, with insufficient cost controls on skyrocketing premiums and other insurance costs.

2. No challenge to insurance company monopolies, especially in the top 94 metropolitan areas where one or two companies dominate, severely limiting choice and competition.

3. An affordability mirage. Congressional Budget Office estimates say a family of four with a household income of \$54,000 would be expected to pay 17 percent of their income, \$9,000, on healthcare exposing too many families to grave financial risk.

4. The excise tax on comprehensive insurance plans which will encourage employers to reduce benefits, shift more costs to employees, promote proliferation of high-deductible plans, and lead to more self-rationing of care and medical bankruptcies, especially as more plans are subject to the tax every year due to the lack of adequate price controls. A Towers-Perrin survey in September found 30 percent of employers said they would reduce employment

if their health costs go up, 86 percent said they'd pass the higher costs to their employees.

5. Major loopholes in the insurance reforms that promise bans on exclusion for pre-existing conditions, and no cancellations for sickness. The loopholes include:

- Provisions permitting insurers and companies to more than double charges to employees who fail "wellness" programs because they have diabetes, high blood pressure, high cholesterol readings, or other medical conditions.
- Insurers are permitted to sell policies "across state lines", exempting patient protections passed in other states. Insurers will thus set up in the least regulated states in a race to the bottom threatening public protections won by consumers in various states.
- Insurers can charge four times more based on age plus more for certain conditions, and continue to use marketing techniques to cherry-pick healthier, less costly enrollees.
- Insurers may continue to rescind policies for "fraud or intentional misrepresentation" – the main pretext insurance companies now use to cancel coverage.

6. Minimal oversight on insurance denials of care; a report by the California Nurses Association/NNOC in September found that six of California's largest insurers have rejected more than one-fifth of all claims since 2002.

7. Inadequate limits on drug prices, especially after Senate rejection of an amendment, to protect a White House deal with pharmaceutical giants, allowing pharmacies and wholesalers to import lower-cost drugs.

8. New burdens for our public safety net. With a shortage of primary care physicians and a continuing fiscal crisis at the state and local level, public hospitals and clinics will be a dumping ground for those the private system doesn't want.

9. Reduced reproductive rights for women.

10. No single standard of care. Our multi-tiered system remains with access to care still determined by ability to pay. Nothing changes in basic structure of the system; healthcare remains a privilege, not a right.

In fairness to Reid and his fellow Senate Democrats, most of the flaws in their bill are also present in the House bill. And that's the really depressing part.

NNU co-president Deborah Burger, RN, said, "The reality is that much of the expanded coverage is based on forced purchase of private insurance without effective controls on industry pricing practices or real competition and gaping loopholes in the insurance reforms." ■

the Massachusetts  
**nurse**

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**Mission Statement:** The Massachusetts Nurse will inform, educate and meet member needs by providing timely information on nursing and health care issues facing the nurse in the commonwealth of Massachusetts. Through the editorial voice of the newsletter, MNA seeks to recognize the diversity of its membership and celebrate the contributions that members make to the nursing profession on the state, local and national levels.

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MASSACHUSETTS NURSES ASSOCIATION



## Holding the line on standards

By Julie Pinkham  
MNA Executive Director

No doubt that all of us have felt the impact of this recession, either directly or indirectly. Certainly, those in the public sector are hit the hardest from the fallout of this economic crisis. Health professionals in the commonwealth have provided health services to populations the private sector has little economic incentive to serve. But with state revenues down, slashed services are all that is available to many of the folks who are most in need.

The majority of us have suffered hits that are more indirect. Major losses in your 403b have likely put your retirement plans on hold. Maybe you were once one of two wage earners in your household, but now you are the only breadwinner available to pay the bills and the mortgage. Either way, these times are challenging to say the least.

In a down economy, health care is generally one of the few stable environments. This is largely because health care, much like durable goods, is a necessity. While elective surgeries may go down, serious health care needs and procedures are inescapable. As a result the health care industry is more stable than other industries during recessions.

But while this is true, the economic environment provides a vehicle for health care institutions to take advantage of and penalize their workforces.

For those of you who went through the 90s, today's work climate may feel oddly familiar. Back then economic instability, the need to cut costs and the desire to increase efficiency (in that case, due to the advent of managed care and health care deregulation) all became the rationale to introduce "new models" of patient care delivery. All these models were touted by consultants as being leaner without affecting patient care, although there was never any clinical research to prove this.

So as hospitals redesigned patient care under this "new model" they worked to redesign nurses right out of nursing. Subsequently, nurses were laid off, jobs were left unfilled and there was rampant use of unlicensed personnel to replace nurses. The delivery of care in many institutions changed to one where nurses had just an arms-length relationship with the patient while delegating tasks to a cadre of non-licensed staff. Those of you who went through it remember the outcome, and it was not good. Hospitals reaped record cash surpluses while nurses' job satisfaction plummeted, patient outcomes deteriorated and patients were endlessly frustrated by their inability to access a nurse.

Years later—after even management admit-

ted the plan was an abysmal failure and scrapped it—they are right back to repackaging the "new model" while telling themselves that "this" is not "that." Waddle, waddle, quack, quack ... I'm calling this a duck.

And I *do* mean duck because they are starting to swing away at 15-plus years of your efforts to beat back these negative policies and to get safer staffing standards in place—standards that, while not perfect, better allow you to safely deliver care.

Along with this effort in the name of "leaner meaner," hospitals are looking for concessions and roll backs of any favorable benefits and working conditions you achieved over the years through your contract negotiations. These efforts fall under management's "you're lucky to have a job" mantra. Prior to the economic downturn the hospitals stated one of the reasons they could not agree to staffing ratios was because there were not enough nurses available to meet the requirement. Now they argue they cannot afford them. For those institutions that just completed another banner year in surplus their argument is more refined: It is not that we do not have the money now; we just do not know if we'll have it next year.

Unfortunately, that argument rings a bit hollow if you work at a hospital that has been making a profit for three years straight. For many of the hospitals their reduced surplus or losses have more to do with reserve market losses than losses incurred from operating the hospitals. Ironically cutting back on nurses may



Julie Pinkham

indeed result over time in losses in operating the hospital. Nurses provide patients with the safe, quality care they deserve. But speeding nurses up by increasing patient loads translates to increased lengths of stay, recidivism and poor patient outcomes—all of which are bad for hospitals.

At the bargaining table we are seeing the attitude play out in calls for cuts, whether the budget is unfavorable or not. Favorite targets are defined benefit pension plans, health insurance, flexible schedules, time-off benefits and salary scales. Hospitals are betting that, in this climate, you will be loathe going public and thus now is their opportunity to gut the contract you built over the years. And if they cannot get the reductions from you now they are betting you will sell out future members and cut *their* benefits going forward. This "divide and conquer" strategy creates a race to the bottom on contract standards—standards you and your predecessors fought for and that management agreed to in order to recognize the value of your professional work.

In the end, when you are sitting down at the table with management, you should follow your gut. If you believe the hospitals are gaming the environment—that their efforts at your facility are not about a working relationship that reflects the reality of your institution—do not capitulate. Rewarding bad behavior never improves the behavior. We have excellent resources at the MNA that can help you understand your institution's true financial status; you do not need to resort to gutting the contract just because management says they "may not have the money next year."

Effective negotiations are led by a well-informed bargaining unit. Get the information you need, develop a strategy that makes sense ... and do not be "gamed." ■

### Urgent need for RN volunteers in Haiti

The MNA is encouraging more RNs from Massachusetts nurses to join in the disaster relief effort in Haiti through the National Nurses Union's Registered Nurse Response Network (RNRN).

"More than 8,300 registered nurses, including 300 from Massachusetts, have already signed up to go to Haiti," said Donna Kelly-Williams, MNA president. "More nurses are needed, though. Even more important, money is needed for travel expenses and supplies."

On-line donation opportunities include:

- RN Response Network's fund to send nurses to Haiti: [sendanurse.org](http://sendanurse.org).
- Partners in Health: [pih.org](http://pih.org)

- Doctors Without Borders: [doctorswithoutborders.com](http://doctorswithoutborders.com)
- OxfamAmerica: [oxfam.org](http://oxfam.org)

Nurses can volunteer on line at [mnarn.org](http://mnarn.org) and follow the link under News & Events or by calling the RNRN hotline, 800-578-8225. There is also a link to the MNA's emergency preparedness volunteer site where you can sign up for direct communication from the MNA on this and other disasters. Contact Mary Crotty at [mcrotty@mnarn.org](mailto:mcrotty@mnarn.org) for details.

All RNs will need to have a valid passport. They also must have or be able to quickly get typhoid and hepatitis A and B vaccinations as well as malaria pills. ■

# National Nurses United

## Founding Convention 2009



### The birth of a National Nurses Union

By Deb Rigierra

Associate Director, Organizer

On December 7, 2009, 134 delegates from across the country unanimously participated in the birth of the National Nurses United (NNU). Many guests also were there to witness the historic occasion. After many years of failed attempts to form a national union for staff nurses, and after eight months of hard work, the dream of thousands of direct care nurses became a reality. As with any birth, there were tears, cheers, and hugs all around. Everything went smoothly; the officers were quickly nominated and elected, and charged with leading the NNU. The registered nurses in the room felt the excitement of this achievement as well as the weight of the work and challenges the NNU will face in the future. All are prepared to make sure that the goals and dreams of the NNU will not only be met and but will be exceeded in the upcoming years.

Firsts: Wasting no time, the NNU has its first collective action!

Dec. 8: Hundreds of newly empowered RN members of the NNU picketed the headquarters of the Arizona Hospital and Healthcare Association (AHHA). The message to the AHHA and all hospital associations was clearly sent by all three of the NNU's co-presidents. "We will not be silenced, we will not be stopped," said Jean Ross, NNU co-president. As Karen Higgins, RN, co-president of NNU and past president of MNA said, "We will not go away until we win the protections that our patients need." Her message to the AHHA and all other hospital groups who oppose safe staffing and RN's unionizing is: "When you fight with one of us, you fight with all of us." It was an energizing first event for the NNU with nurses chanting, "We're nurses united we will never be divided."

FYI: An interesting comment about the NNU from John Commins, for HealthLeaders Media, a management-oriented publication, describes the fears of hospital management the

best: "The unions are coming. They're bigger and better organized than ever before, and the wind is at their back. Are you ready?"

The delegates and guests at the birth of NNU would like to share their thoughts on this historic event.

**Donna Stern, Baystate Franklin Medical Center:** "Collectively we can do anything. For the first time I feel so empowered. You have to walk through your fears."

**Ann Lewin, Baystate Franklin Medical Center:** "By being there at the moment, I felt as if not only was I present at a very historical event, but that we are tapping into a progressive vibration. It is very thrilling!"

**Ellen Farley, Unit 7 Taunton State Hospital:** "I texted my daughter, yes I'm crying! It has become very evident with all the changes that we need a national voice in D.C. for changes our patients need! I can't wait to go back and share the excitement with my colleagues."

**Sandy Eaton, Quincy Medical Center:** "Of course I rejoice but now the challenge is to make it work. We need one strong voice, undiluted, clear, going forward. People need what we have to offer, we are here for the good of all the country."

**Diane Michael, Providence Hospital:** "I love our union. Look at what we've done, what we plan to do and join us."

**Karen Higgins, Boston Medical Center-Co-President NNU:** "You have to believe in the ultimate goal, that what you are doing is right. Staff nurses are the backbone of healthcare. We have now taken back our power, our practice and are there for our patients."

"What I see in the future is NNU celebrating in a stadium in 10 years. I only see this getting bigger. I say welcome to the new world of what nursing will become in the future. This is only the beginning. I hope to be international one day."

**Marie Ritacco, St. Vincent's Hospital:** "I felt unity today. The solidarity was incredible. We are ready; we know what we need to do



to protect our patients, our practice, and ourselves. We have a lot of work but I am excited and energized."

**Ellen Smith, UMass-University:** "Today I saw the future of the union: the exuberance was unbelievable. The train is pulling out, you need to come along because there are bigger and brighter things in the future and we have the power, there is strength in numbers."

**Kathy Reardon, Norwood Hospital:** "The energy was just incredible today. Get on the bus, we are moving forward and will be a freight train across the USA."

**Joan Ballantyne-Norwood Hospital:** "No matter where we are, together we can resolve these issues; separately we are going nowhere. This is the start! Today is the first day."

**Kay Marshall, Anna Jacques Hospital:** "I learned a lot from where we were, where we have been and where we are going and we all have to go there-together."

**Mike D'Intinosanto, Unit 7 Templeton:** "We did it! We finally have a National Nurses Union for staff nurses to fight for our patients, by unanimous consent. I am still walking on air."

**Kathie Logan, UMass University:** "I can retire knowing that there will be a legacy for new nurses that will be able to help them overcome the hurdles we had to overcome. To make it better for the nurses, the working conditions of the nurses, and make it better for the patient because that is what this is all about, the patient."

**Lynne Starbard, UMass Memorial:** "We are not alone. We are all working to the same goals: safe patient care and good working conditions for our nurses. We can give everyone the opportunities we have had in Massachusetts and all work together."

**Patty Healey, Brigham and Women's Hospital:** "The feeling of power and energy in the room was focused on really looking into the future and being able to have a powerful staff nurses union. It's going to happen. Finally I can look at all these other nurses from different states and say sister!"

**Kathy Borenstein, Newton Wellesley Hospital:** "The collective energy that happened here today was amazing. We have the power to make a change in the way things are being done. Together we have the voice."

**Garry Kellenberger-Unit 7 Westborough State:** "This was a historic vote that brought all working staff nurses together in one union. It was exhilarating!"

**Donna Dudik, Boston Medical Center:** "The message I will bring back to my colleagues is Hope. We can really do this. Times may be hard, we need to unite, and we can really do this!"

**Nora Watts, Newton Wellesley Hospital:** "The reality of finally having a National Nurses



Union to be there among so many friends and colleagues from across the country was overwhelming."

**Terri Arthur:** "This was a hundred years in the making. To be here and to be a part of all the energy and synergism was great."

We are proud to announce the birth of a new national nurses union that will be the largest registered nurses union in the country. ■

### Vital Statistics

**Name:** National Nurses United (NNU for short)

**Birth Date:** December 7, 2009

**Where:** Phoenix, Arizona

**Size:** 150,000 members and growing

# We are making history! Headlines from around the nation

## Nurses unions merge, back healthcare overhaul

Three nurses unions merged on Monday to form the largest-ever labor organization for U.S. medical professionals, which is expected to wield greater clout in collective bargaining and the national healthcare debate.

Plans to organize nonunion nurses go hand-in-hand with ongoing efforts to end mandatory overtime for nurses and other cost-cutting hospital practices that nursing advocates say have stretched patient care too thin.

The focus on patient care also figures in the union's aim to seek passage of federal legislation setting national standards for nurse staffing levels.

*Source: Reuters*

## Nurses unions join together for more clout

Nurses from three unions, including the powerful California Nurses Association, have founded a new national union to influence national health care policies and try to extend California's patient ratio law into other states.

Organizers said the 150,000-member National Nurses United, the largest professional union for registered nurses in the country, will also flex its power to push for a stronger voice in the health care overhaul process going on in Congress and the expansion of representation for nonunion nurses.

The union's creation, which has been eight months in the works, comes at a time when the country is involved in a debate over how to overhaul the nation's health care system.

"We're just thrilled we are finally all moving forward together, and we're expecting we will be able to play a much bigger role in the health care debate in the future," said Karen Higgins, a Massachusetts nurse who is one of three organizers elected president of National Nurses United.

The nurses, while virtually uniformly in favor of a national or single-payer health care system, a concept that is not on the table in Washington, say they also want a larger voice in setting policies that affect patient care and the quality of health services.

*Source: San Francisco Chronicle*

## Nurses may join one big union

Unionized nurses in Massachusetts are moving toward affiliating with their counterparts in California and more than 20 other states to create the largest nurses union in U.S. history, a 150,000-member powerhouse that would lobby lawmakers for higher staffing levels and an overhaul of the nation's health care system.

The move could give the state's nurses more bargaining power with hospitals and aid organizing efforts at nonunion health care providers.

Local backers of the new alliance, National Nurses United, contend it would help patients by pushing for state laws mandating more nurses on duty. "This is an opportunity for nurses to work together to be more effective in safeguarding patients," said Donna Kelly-Williams, a Cambridge Hospital nurse who took over this month as president of the 23,000-member Massachusetts Nurses Association, which represents the vast majority of nurses at Massachusetts hospitals.

*Source: Boston Globe*

## New national nurses union forms

A new national union of up to 154,000 registered nurses was created in Phoenix today, replacing one of the most aggressive nurse unions in

the industry and combining its membership with two other nurse-only labor groups to form National Nurses United.

The 134 delegates at the NNU founding convention at the Phoenix Convention Center voted unanimously in favor of creating the new organization, which combines the hard-charging California Nurses Association/National Nurses Organizing Committee with the Massachusetts Nurses Association and some members of the United American Nurses.

"I think the debate over healthcare (reform) probably finally pushed us to get here, but it's something that we should have done a long time ago and it's thrilling that we're finally doing it," Karen Higgins, a staff nurse at Boston Medical Center and co-president of the NNU, said in a phone call from the Arizona convention floor.

*Source: Modern Healthcare*

## It's official: three unions merge to form nurses 'super union'

Nurses have been called the new face of organized labor. Like an increasing percentage of the rest of America's labor movement, the typical RN in the U.S. is female, college-educated, and working a non-outsourcable job in the service sector. This week, American nurses banded together to wield unprecedented power in the workplace and in national politics. Delegates in Phoenix yesterday approved a three-union merger to create National Nurses United (NNU), the nation's largest union of registered nurses.

Eight months in the making, the merger joins the California Nurses Association, the United American Nurses, and the Massachusetts Nurses Union to create a new super union with a combined strength of 150,000 members. NNU hopes to use its increased clout to influence the national healthcare debate. The timing is fortuitous. The new super union is coming online just as the Senate is debating its version of the healthcare reform bill. Near the top of NNU's legislative wishlist is S.1031, AKA The National Nursing Shortage Reform and Patient Advocacy Act. The bill, co-sponsored by Sen. Barbara Boxer (D-Ca), would require hospitals to maintain a minimum ratio of nurses to patients in ERs, operating rooms, critical care units, and nurseries. Hospitals would be forbidden under the Act to use mandatory overtime or layoffs to meet the target ratio.

*Source: In These Times*

## Hospitals gain bigger foe in nurses union

Hospitals across the country have a new, more formidable opponent after the merging of three unions to form National Nurses United.

Unlike manufacturing, health care is a growing industry. So look for the union battle over hospital employees to continue.

*Source: Business Magazine Portfolio*

## New National Nurses Union forms—but what's it mean to you?

Given the current push to reform health care, this new union could make a difference for both nurses and our patients. As a nurse now focused on quality improvement, I would like to see nursing unions bring out the best in nurses by promoting compliance to evidence-based best practices and supporting professional development. There is now evidence to support IV therapy teams in hospitals and appropriate staffing ratios. Since the evidence is there, let's push to make these a reality in a majority of hospitals instead of only a few.

*Source: Off the Charts: American Journal of Nursing blog*

## Nurses Unions Merge to Gain Greater Voice in Health Care

Delegates to the founding convention of the National Nurses United (NNU) yesterday created the largest union and professional organization of registered nurses in U.S. history and immediately pledged to work to expand union representation of nurses and give them a greater voice in health care reform

Karen Higgins, an RN from Massachusetts, and one of three newly elected co-presidents of the NNU, said: "The promise of the future has arrived with all the unlimited potential, creativity, vision, and power represented by the delegates in the room, and the 150,000 members of the founding organizations."

*Source: AFL-CIO Now Blog*

## Three Nurses Groups Ratify Super Union

After months of negotiations, representatives from the nation's three largest registered nurses unions voted unanimously Monday to merge and create a 150,000-member, coast-to-coast "super union" with a mission to organize every bedside RN in the nation.

The new union, National Nurses United, which organizers say is the largest union and professional organization of registered nurses in U.S. history, will represent RNs who up to now had been served by the California Nurses Association/National Nurses Organizing Committee, United American Nurses, and the Massachusetts Nurses Association.

*Source: Health Leaders Media*

## Delegates to founding NNU convention adopt constitution, elect union's officers

The first national union of direct care registered nurses became a reality Dec. 7 as delegates to the founding convention of National Nurses United adopted a constitution and elected officers to lead the 150,000-member union.

In opening the convention, which she called the "continental Congress of a national nurses' movement," Karen Higgins, a former president of the Massachusetts Nurses Association, who was elected as one of three co-presidents of NNU, declared that the creation of the "largest union of direct care nurses is about a century overdue." To thunderous applause she warned health care employers that if "you seek to undermine the rights of one nurse, you'll now have to answer to every nurse."

*Source: Bureau of National Affairs*

## Nurses Unite

Nurses Unite. As the health care debate intensifies on Capitol Hill, a new union of registered nurses is launching today. The 150,000-member National Nurses United, which will affiliate with the AFL-CIO, plans to have a big presence on Capitol Hill.

"Nurses are patient advocates, and we plan a high-profile Capitol advocacy agenda," said registered nurse Deborah Burger of the union. "Our hope is to wed the public's strong support of RNs with our unions' history of creative and effective campaigns."

*Source: Roll Call*

## Nurses rally for national law mandating ratios for patient care in hospitals

Hospital care suffers because overworked nurses are assigned too many patients and are unable to voice their concerns out of fear of reprisals from administrators, members of a nurses union said Tuesday.

About 300 nurses from across the country demonstrated outside the offices of the Arizona Hospital and Healthcare Association, a group that advocates for hospitals and health care systems, in support of legislation that would, among other things, cap nurse-to-patient ratios.

The nurses were in Phoenix for a conference at which they formed National Nurses United, a union for nurses around the country.

*Source: Cronkite News Services*

**Nurses have been called the new face of organized labor. Like an increasing percentage of the rest of America's labor movement, the typical RN in the U.S. is female, college-educated and working a non-outsourcable job in the service sector. This week, American nurses banded together to wield unprecedented power in the workplace and in national politics.**

## The new RN Super Union "is" the National Nurses United: Ready or Not, Here It Comes!

If you didn't know, it is going to be on and popping in healthcare. National Nurses United is building steam and who knows, maybe the sleeper will awaken. I posted several weeks ago on this blog about the reformation of the healthcare and nursing workplace. It may be coming, ready or not, here shortly as the nursing unions are about to "go hard or go home." Don't know what this slang means just Google it!

I will have blogging material for years to come and I am excited to see what changes are coming, ready or not for the nursing workplace. A nursing revolution or the evolution of nursing, maybe? Changes are needed in the nursing workplace, ready or not. This RN union and professional association appears ready, willing, and able to do business and put in "work." The new National Nurses United should not be burdened by the professional association first and "then a union" model and the baggage which comes along with trying to be all things to all nurses all the time.

Here it comes, a nursing version to be played out in hospitals and healthcare facilities across the country of one of my favorite teenage video games and movies, Mortal Kombat!!

I keep it real on this blog and whether you support nursing unions or not, I personally have to tip my hat to the new RN Super Union, the National Nurses United for coming together, setting aside differences for the betterment of the profession, and forging ahead to build bridges for RNs in the nursing workplace of the future.

*Source: Nursing Law & Order Blog*

## Have you hugged your nurse today?

The stage is now set for the formation of a new 150,000-member super union for registered nurses at a founding convention in December. The new union, which will be called National Nurses United, combines the membership of the California Nurses Association, the United American Nurses and the Massachusetts Nurses Association. Deborah Burger, co-president of California Nurses Association/National Nurses Organizing Committee, has proclaimed, "This is a truly historic moment and I hope it sends chills down the backs of those employers who would want to keep us down."

*Source: Executive Labor Summary Blog by Constangy Brooks & Smith LLC—management lawyers*

## Gigantic nursing union has formed: National Nurses United

Their founding convention will take place this December in Arizona. Can you imagine what kind of power this 150,000 member union will have? Physicians have talked about creating a union for many years, but nothing has ever happened. Perhaps that will change if healthcare reform changes become unbearable for physicians.

*Source: Medicine and Technology blog by Dr. Joseph Kim*



National Nurses United  
Founding Convention 2009

WELCOME

## A turning tide for the next generation

By Edgar Chen  
*Researcher/Organizer*

For a moment, I almost had to hold my breath. I could almost feel my heart skip a beat as the room erupted in cheers. A chill shot up straight from my toes to the tips of every follicle on my head. I veered around the room—watching old friends and new friends embrace each other in utter exasperation. Some were clapping. Some were cheering. But it was those who were crying which truly made me understand how powerful this moment was in our history. The National Nurses United was born.

At this current moment, labor has been at one of their most divided times in U.S. history. In the last few years unions broke off from the AFL-CIO to form Change to Win—and now even the existence of Change to Win is in question. With the internal divide of UNITE-HERE and SEIU's involvement, one of the largest fractures in labor history is occurring with organizers being sent around the country to raid each others' units. Lastly, in the west coast, the newly formed National Union of Healthcare Workers splintered from SEIU and they are vigorously at each others' throats to claim members lost in the divide.

But amongst the turmoil in the labor movement, a new movement has turned the tide in the healthcare industry. When the healthcare debate is at the forefront of our economic prosperity and our children's future lies within the power of labor to shift the paradigm into the proper direction—NNU is the start of this new shift.

Stewart Acuff said it best at the NNU convention, "Our nation needs this assembly. Our nation needs your unity. With so much at stake in America - with the potential possibility for historic change. With the insurance companies and hospital chains trying to hold onto their power and their profits—America needs its primary care givers to be united and to be unified by a strong voice. Power and strength comes from unity, and an agenda to return healthcare from profit making and profit taking to caring for our people. We need you! America needs you!"

As a young labor activist, I was not around to see the passage of the Taft-Hartley Act in 1947. I wasn't able to march with Martin Luther King during the Memphis sanitation strike of 1968. What my generation of labor activists has witnessed is the continual decline of union power and density at the hands of corporate greed and globalization. The shift in the paradigm that I know of—that I have seen—is not a positive one.

And although I could take this negativity and implant myself in a labor

movement of false hopes and top-down run unions, there is something inside that still makes me want to fight. It is this calling that there is a hope and an inspiration that when I talk to some of my mentors within MNA, I see that there is a better light ahead of us and I am proud that MNA has stood up to this challenge.

However, this is our time—for the fight of your generation and for the fight of mine. As I sit in bargaining sessions watching CFOs try to cut defined benefit plans out of our contracts, I can only think of the millions of dollars that these hospitals hide and pay their attorneys to negotiate these benefits away from our nurses. The deepness of these corrupted roots have more ties than we know it.

Hospitals have taken a new path to acquire wealth and power over their employees. The non-profit hospital sector has evolved into a money making scheme to obtain more wealth through unregulated channels. To be a not-for-profit hospital is to be given the opportunity to make even more money. With tax breaks and loose government reporting mechanisms, hospitals have lobbied and manipulated a system which has allowed them to amass amounts of wealth never seen before. And who gets rewarded for this—the CEOs and executives of these institutions whose salaries have gone up 400 times in the last few decades.

This past Dec. 7, I was able to personally witness one of U.S. labor history's most powerful accomplishments in decades. The birth and formation of NNU has started a new chapter in our new labor movement. As Akoff put it best, "You need a national organizing team that can move to opportunities and answer the call of nurses. You're forming a truly national union and American workers and nurses need you to act like a national union with a truly national organizing team. We need you to have more power! Not Tenet. Not HCA. Not Beverly Enterprises. We need you to have more power!"

For those who have paved the way to this day, I can only show my deepest admiration and respect for. NNU is exemplary of a turning tide within the labor movement to bring strong leadership and guidance to the rest of labor for the fight of our time—healthcare reform. This is your battle and this will be my battle for the next 50 years. You have created for this next generation a platform and foundation for real change in our hospitals, for healthcare reform and a new momentum for our labor movement—and I can only thank you from bottom of my heart for this. We won't let you down. ■

# MNA Board releases member vote in favor of dues proposal

The MNA Board of Directors last month released the certified result of the secret ballot vote by the membership in favor of a dues increase to support the organization's affiliation with the new National Nurses Union (NNU). The final tally was 820–642 in favor of the proposal.

The dues vote followed a vote by the membership in October to endorse the MNA's affiliation with NNU, the largest nurses union in U.S. history.

As dictated by MNA bylaws, the vote for the dues change was conducted by a supplemental mail ballot, which followed an in-person vote held at the MNA convention. The secret ballot was conducted over a 30-day period following the convention. The ballot counting was overseen by Labor Connections, a firm that specializes in monitoring and certifying union

voting procedures. The official report certifying the election result was reviewed by the Board on Dec. 17.

The NNU, unifying the 23,000-member MNA with the 86,000-member California Nurses Association/National Nurses Organizing Committee (CNA/NNOC) and the 45,000-member United American Nurses, held its founding convention in Phoenix in early December. The new union is comprised of more than 150,000 front-line direct care nurses working in 22 states.

The goals of the new national union include a commitment to:

- Win national RN staffing standards and an end to mandatory overtime nationally.
- Obtain organized power and influence for our profession, like teachers, fire-

fighters, and police have done.

- Build a national retirement pension for nurses.
- Create one national progressive voice for health care reform, protection and advancement of safe nursing practice.
- Strengthen contract standards nationally for nurses that already have union contracts.
- Reach out to organize the millions of nurses in America who have been waiting for the opportunity to be part of a union.
- Take back our profession so that every RN can advocate for patients without fear of retribution.

## How does the Mass Nurses Political Action Committee work?

Political Action Committees, or PACs, raise and spend money to help elect or defeat political candidates. Many years ago, the MNA formed the Mass Nurses PAC as its political action committee. This is a state PAC that supports local, state legislative and statewide candidates like state representative, state senator or governor.

### How does the PAC decide who gets endorsed?

Political endorsements are often controversial, so the Mass Nurses PAC uses a thorough and rigorous evaluation process to decide who gets endorsed and who doesn't.

The PAC closely reviews the voting records of incumbent legislators seeking re-election.

For candidates without a voting record to review, the PAC sends a detailed questionnaire. Candidates who want the endorsement are required to complete the questionnaire in its entirety.

The PAC reviews the questionnaire, and then conducts a rigorous interview with promising candidates. The PAC doesn't endorse in every race—sometimes they elect to stay neutral.

The PAC is always interested in the views of local nurses when making an endorsement, so if you have an opinion about your elected officials, you should let us know.

For federal offices, like Congress or President of the United States, and for statewide offices like governor or attorney general, the PAC is not the final decision maker. In those races, the PAC makes recommendations to the MNA Board of Directors, which makes the final decision.

### Who is on the Mass Nurses PAC?

There are 21 seats on the PAC board. Each seat serves for a two-year term. This includes:

- Four elected officers
- 10 at-large elected members
- Seven appointed seats

### How are the elected seats filled?

Any voting MNA member in good standing can run for a seat on the PAC.

Every year at convention, the PAC conducts its own business meeting and election. All members of the MNA in good standing are automatically members of the PAC and can vote in PAC elections.

### How are the appointed seats filled?

- MNA President
- Chair of Congress on Health Policy and Legislation
- Each of the five Regional Councils appoint one representative

### What happens once a candidate gets an endorsement?

We do all that we can to help the candidate win. This may include:

- Organize RNs in the district
- Send direct mail to RNs in the district
- Send direct mail to the general public
- Make phone calls to RNs
- Make phone calls to the general public
- Make a financial contribution from the PAC
- Place ads in the local paper
- Turn out volunteers to work on the campaign

### How can you get involved and help make the Mass Nurses PAC powerful?

- Contribute to the PAC financially! By pooling lots of small donations from our members, we can make a big difference in who gets elected.
- By law, PAC money is separate from your dues.
- Run for a seat on the PAC and help decide which candidates get endorsed.
- Once an endorsement is made, participate in helping to elect a candidate.

Having a strong and vibrant PAC helps the MNA gain political strength and helps us grow into even more powerful organization. To get more involved please contact Maryanne McHugh, associate director of legislation and government affairs at the MNA at 781-830-5713.

## Advocates out in force in support of the Patient Safety Act

RNs, seniors, community activists and labor allies joined together at five regional press conferences to urge legislators to pass H.3912/S.890, the Patient Safety Act, which would set a limit on the number of patients a nurse working in an acute care hospital can be forced to care for at one time. The press conferences were held in advance of the bill heard by the Legislature's public health committee on Nov. 3.

Each of the press conferences were held near key hospitals in the MNA's five regions. Speakers called on the legislature to finally pass the Patient Safety Act.

The MNA offers a special thanks to the nurses, labor allies and community members who attended these events.

**In front of St. Vincent Hospital in Worcester ...**



**In Brockton at the Bent Playground...**



**At Mercy Medical Center in Northampton ...**



**At Carney Hospital in Dorchester ...**



**In Newburyport near Anna Jacques Hospital ...**





## Patient advocates continue fight for safe RN staffing at State House hearing

By Riley Ohlson

*Associate Director, Legislative Division*

For more than a decade, bedside nurses in Massachusetts have been working to stop the dangerous practice of RN understaffing, because they have seen firsthand how patients are being harmed by current hospital staffing practices. Seniors, consumer advocates, community activists and members of the labor movement have watched care deteriorate over the years because nurses are being forced to care for too many patients at once. They have joined the Coalition to Protect Massachusetts Patients to support bedside nurses in their struggle to improve the quality of care for all patients. On Nov. 3, Coalition members joined with registered nurses to testify before the Legislature's Joint Committee on Public Health.

John McCormack, co-chair of the Coalition to Protect Massachusetts Patients and a tireless patient safety advocate since the needless death of his daughter in a Massachusetts hospital, spoke "for all the people who cannot speak for themselves—the thousands of people who die every year in Massachusetts due to preventable medical errors." McCormack passionately told the tragic story of how unsafe care affected him and his family and how dedicated he is "to do all [he] can to not let this happen to anyone else."

Joining McCormack was Angelena DeLima, a member of the Coalition for Social Justice who chose to testify because she is personally invested in this issue. "My passion for this issue and this cause is driven by my own personal experience in watching my beloved grandmother suffer and pass away a few years ago at Charlton Hospital," DeLima explained to the committee. "I watched day after day, as my grandma's nurses struggled to provide the care she needed and deserved. On many occasions we would talk to the nurses and they would tell us, sincerely, that they were doing the best that they could, but they had 10 patients, and there were five patient alarms going off at one time."

John Bennett, president of the Massachusetts Senior Action Council, recounted his own experience of nurse understaffing when his wife was in the hospital. He described how "the alarm on the monitor would go off and nobody would come, and we pressed the call button for nurses and still nobody would come. So I rushed out to the hallway and looked up and down the hallway in that ward, and every light in the ward would be on...In talking to the nurses I found out that the real problem was that they had too many patients to take care of and couldn't devote the time that they needed to any single patient." As the president of an organization representing over 2,500 seniors, Bennett explained that seniors "find this suffering from lack of nursing care unacceptable."

Jon Weissman, executive director of Western Mass Jobs with Justice, reminded legislators "that the most important stakeholders in the debate over hospital understaffing are not the nurses, it's the millions of residents who depend on our state's hospitals for their health and

well being when they are most vulnerable." Working every day with a wide range of community and labor organizations, Weissman speaks with those people who are directly affected by the hospital industry's practice of chronic understaffing. Weissman added that he himself was affected by this when he developed a hospital-acquired infection after undergoing surgery.

Adding to the litany of concerned coalition members were the voices of Beth Piknick, RN, and Donna Kelly-Williams, RN. Piknick, reflecting on her experience as an RN at Cape Cod Hospital and as president of the MNA for the past four years, expressed her regret that this issue remains unresolved. She called attention to the fact that "over the past year, we have seen hospitals, after claiming for years that there just weren't enough nurses to safely staff their facilities, begin to lay off nurses," and lamented that "hospitals have stretched their nursing staffs even thinner."

Newly elected MNA president Donna Kelly-Williams, who has been a bedside nurse at Cambridge Health Alliance for the last 35 years, spoke on behalf of "23,000 very frustrated front-line, bedside nurses." She talked about her skepticism of the hospital industry's claim that they cannot afford this critical patient safety measure. "The hospital executives who testify before you on this bill will, no doubt, claim that now is not the time to require safe staffing, that the economy is too weak, and their finances too precarious ... just a few years ago, the industry was posting in excess of a billion dollars in surpluses every year. I can't help but observe that even when times were flush, they somehow claimed that they couldn't afford to staff safely."

"What hospitals truly cannot afford to do," said Kelly-Williams, "is to continue these unsafe staffing practices. Peer reviewed research details the connection between safe RN staffing and complications like pressure ulcers, deep vein thrombosis, urinary tract infections and hospital-acquired pneumonia. Pressure ulcers cost over \$43,000 to treat per patient. urinary tract infections—common particularly in older patients—cost \$44,000. Hospital-acquired pneumonia adds at least \$30,000 to a hospital bill. These poor staffing practices are part of what's driving the health care inflation that we are all struggling with."

A number of legislators also spoke in favor of the Patient Safety Act, sponsored by Sen. Marc Pacheco (D-Taunton) and Rep. Christine Canavan, (D-Brockton), during the hearing. These included Senator Pacheco, Reps. Patricia Haddad (D-Somerset), Anne Gobi (D-Spencer), Jennifer Callahan, RN (D-Sutton), Geraldo Alicea (D-Charlton), Marty Walsh (D-Boston) and Steve D'Amico (D-Seekonk). Dozens of additional legislators submitted written testimony in support.

The bill now awaits action from the public health committee.

To become involved in our campaign for safe RN staffing please contact Riley Ohlson, MNA political organizer, at 781-830-5740 or rohlon@marn.org. ■

# MNA members testify in favor of workplace violence prevention bill

By Maryanne McHugh

Associate Director, Legislative Division

MNA nurses and supporters made a strong case to a legislative committee to require all health care facilities to take significant steps to prevent workplace violence. Testifying at a State House hearing before the Joint Committee on Public Safety and Homeland Security, they spoke in support of an Act Requiring Health Care Employers to Develop and Implement Programs to Prevent Workplace Violence (S.988).

The legislation would make it mandatory for hospitals to develop a comprehensive workplace violence prevention program. In addition, it would also require hospitals to make counseling programs available to victims of workplace violence.

MNA members Linda Condon, RN, and Kathy Metzger, RN, shared with the committee their stories of being assaulted at work by violent patients, highlighting the fact that hospitals have become an increasingly violent workplace. "I have been assaulted at work by violent patients" said Condon. "I can tell you that these events were the direct result of a lack of security, poor communication and an unsecured physical environment. I was discouraged by administration and police from filing criminal charges and was never involved in a debriefing or offered counseling after the assaults. I was made to feel that it was just part of my job," she added.

Metzger described the positive changes that occurred at Brockton hospital once the administration adopted and implemented some of the key provisions of SB 988. Her message to the committee was that the steps contained in the bill really do work. However, it took the nurses



MNA members Linda Condon and Kathy Metzger, along with Legislative Division staff member Maryanne McHugh, share a lighthearted moment with the members of the legislature's Joint Committee on Public Safety and Homeland Security before testifying about the very serious issue of violence against nurses in the workplace.

two years of relentless pressure at Brockton to get the hospital to pay any attention to the issue. As Metzger explained, "Nurses and other health care professionals shouldn't have to call federal regulators and conduct pickets to get hospitals to take these steps."

At the end of the MNA testimony, the committee chairs, Sen. Jim Timilty (D-Walpole) and Rep. Mike Costello (D-Newburyport), thanked the MNA members and reiterated their support as co-sponsors of S.988. On Nov. 19, the bill was reported favorably from the committee and is now in the Joint Committee on Health Care Financing.

The MNA and, specifically, the MNA's Congress on Health and Safety's taskforce on workplace violence spearheaded the development and submission of this bill.

Nurses interested in helping S.988 move through the Legislature are encouraged to contact their local legislators and ask them for a favorable release from the Joint Committee on Public Safety and Homeland Security. To find your legislators' information, visit [capwiz.com/massnurses](http://capwiz.com/massnurses) and enter your zip code.

For more information, please contact Maryanne McHugh at 781-830-5713 or [mmchugh@mnarn.org](mailto:mmchugh@mnarn.org).



*A hospital should be a haven where patients go to heal and nurses and other health care professionals provide care in a safe environment. Unfortunately, hospitals are increasingly violent workplaces, both for employees and for patients. Violence against nurses and other health care workers, which can range from verbal and emotional abuse to physical assault and homicide, is not uncommon in hospitals and other health care settings. This violence can be perpetrated by patients, families, friends, visitors, and even co-workers.*

## Your voice, your story. You can you help!

The MNA has developed a comprehensive package of legislation designed to address the crisis of violence in hospitals. Your legislator needs to hear from you!

- Do you have a story to tell about violence in hospitals? If you or someone you know has been a victim of workplace violence at your hospital, contact Maryanne McHugh at 781-830-5713 or [mmchugh@mnarn.org](mailto:mmchugh@mnarn.org).
- Come to the State House on March 31 and speak to your elected officials. Let them know that a nurse is not a punching bag!
- For more information, please contact Maryanne McHugh at 781-830-5713 or [mmchugh@mnarn.org](mailto:mmchugh@mnarn.org), or your community organizer.

**Save the Date: Wednesday, March 31  
State House, Room B-2, 11 a.m. – 3 p.m.**

# A Nurse is **NOT** a Punching Bag!

**As we continue to fight for other patient safety priorities like safe staffing and safe patient handling, violence in hospitals has reached epidemic proportions.**

- In a 2008 study, nearly 80% of surveyed nurse leaders had experienced some form of violence within the work setting, most commonly from patients.<sup>1</sup>
- A June 2008 study showed that workers in the healthcare sector are 16 times more likely to be confronted with violence on the job than any other service profession.<sup>2</sup>
- Recent violent incidents in Massachusetts hospitals include a stabbing and an attempted rape!<sup>3</sup>



**The Massachusetts Nurses Association has developed a comprehensive package of bills designed to address this crisis:**

1. ***Prevent the Violence:*** An Act Requiring Health Care Employers to Develop and Implement Programs to Prevent Workplace Violence (SB988) *filed by Rep. Costello and Sen. Timilty.* This bill would require health care employers to perform an annual risk assessment and based on those findings, develop and implement programs to prevent the violence in the first place.
2. ***Punish the Offenders:*** An Act Relative to Assault and Battery on Health Care Providers (HB1696/SB1753) *filed by Rep. Rodrigues and Sen. M. Moore.* This legislation would enhance penalties for patients/clients who assault nurses and healthcare professionals who are providing treatment to patients.
3. ***Manage Chronic Risks:*** An Act Relative to Creating a Difficult to Manage Unit within the Department of Mental Health (HB1931) *filed by Rep. Haddad.* This legislation would create a "Difficult to Manage" unit for women within the Department of Mental Health and reinstate the "Difficult to Manage" unit for men.

**With your help, we can take steps to STOP this violence.**

<sup>1</sup> [www.nursingmanagement.com](http://www.nursingmanagement.com) July 2008 by Richard Hader, RN, CHE, CPHQ, NE, BC, PhD, FAAN titled Workplace Violence Survey 2008

<sup>2</sup> Derrickson Moore, S. "Healthcare workers are more likely to face violence than any other worker in the service profession." 2008. [www.lesun-news.com/sunlife/ci\\_9640486](http://www.lesun-news.com/sunlife/ci_9640486) (27 June 2008).

<sup>3</sup> See *The Boston Globe*, 10/28/09, "Doctor Stabbed, Attacker Killed" by David Abel & Maria Cramer; and 11/16/09, "Suspect in Mass General Attack found Competent for Trial" by John Ellement.

**For more information call Andi Mullin at the Massachusetts Nurses Association at 781-830-5716.** 

# MNA Member Discounts **Save You Money**

**Log onto “myMNA,” the new members-only section of the Web site**

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Leading provider of professional liability insurance for nursing professionals. [www.nso.com](http://www.nso.com).

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Term life insurance offered at special cost discounts.

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Flexible and comprehensive long-term care insurance at discount rates.

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Six-month disability protection program for non-occupational illnesses & accidents.

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10-20% discount on personalized life & estate planning.

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Lower home oil heating costs by 10–25 cents/gallon or \$150 per year.

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Present your MNA membership card at the information desk to receive a VIP coupon book offering hundreds of dollars in savings.

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Obtain your Sight Care ID card to receive discounts on eye exams, eyeglasses & contact lenses at Cambridge Eye Doctors or Vision World.

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Receive 15% discount off all regularly priced merchandise. Visit [www.massnurses.org](http://www.massnurses.org) for a printable coupon to present at time of purchase.

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15% discount at Brooks Brothers, Adrienne Vittadini and Carolee. <http://membership.brooksbrothers.com>.

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Discounts can be used for both personal and business travel.

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MNA members discounts range from 5 – 20%. (For MNA discount CDP, call 781-830-5726.)

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Showcase Cinemas/National Amusements, \$7.75. AMC Theatres, \$6. Regal Cinemas (not valid first 12 days of new release), \$6.

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Obtain Adventure Card to receive discounts to Busch Gardens, Sea World, Sesame Place, Water Country USA & Adventure Island in Tampa, Fla.

### **UNIVERSAL STUDIOS FAN CLUB**

Log onto the MNA Web site at [www.massnurses.org](http://www.massnurses.org) and click on the Universal Studios Link to obtain special discount prices.

### **WORKING ADVANTAGE**

Discounts for movies, theme parks, ski tickets, Broadway shows. [www.workingadvantage.com](http://www.workingadvantage.com).

### **SIX FLAGS NEW ENGLAND**

Seasonal. Contact MNA’s Division of Membership at 800-882-2056, x726.

# Nurses protest threat of layoffs at Cooley Dickinson

Why Is Cooley Dickinson Hospital/VNA threatening layoffs after showing \$8 million in profits?

In the last fiscal year Cooley Dickinson Hospital has shown a profit of \$8 million. As its budget year ended on Sept. 30, the hospital surprised MNA bargaining units at the hospital and the Visiting Nurses Association by requesting that their contracts be reopened due to financial problems. After both of the bargaining units declined to reopen the contracts, the Cooley Dickinson CEO put out a letter to the employees claiming that there would be layoffs and blaming the MNA nurses.

"We sat at the table for over a year hammering out a contract which we signed in good faith last March," said hospital co-chair Sally Surgen, RN. "After this long and difficult process we were very surprised at the request to reopen, and were incredibly disappointed when the hospital blamed us for the possible layoffs. We still don't understand just why they think there is a need for layoffs after showing a profit of more than \$8 million as of the first of October." Surgen says the staff nurses are insulted by management's attempt to divide the hospital workers. "It is clear that by blaming the RNs for the hospital's alleged fiscal problems they are trying to divide the workforce and create a

hostile work environment. We have been heartened that most of the other hospital workers haven't bought into the hospital's lies."

Even more surprising to the nurses was that management issued their call for concessions after abruptly ending discussions on the formation of a multi-employer/union joint pension plan. The MNA made this offer to the hospital in order to preserve the defined benefit pension coverage and in our analysis to save the hospital money they would otherwise be required to spend under the Pension Protection Act. "We felt management was open to our proposal for the pension, and that the discussions were progressing, until management unilaterally broke off the talks," said Surgen.

"The RNs in both bargaining units decided this picket was necessary because we want the community and all of our fellow employees to know that we do not feel there is a need for any layoffs at Cooley Dickinson Hospital or at the VNA of Cooley Dickinson. The financial situation at Cooley Dickinson is strong, according to their state filings, and there is no need for any reduction in staff. We are taking a stand and picketing to show our solidarity with all the employees and saying no to any layoffs," said Sheryl Moriarty, RN, chair of the VNA of Cooley Dickinson bargaining unit. ■



## Golden rules for posting on social networking sites

By Deb Rigiero

*Associate Director, Division of Organizing*

Every parent I know dreads having to give "the talk" to their kids. You know which one I'm talking about. Yes, that one: The talk that you give while you are driving so that your kids are a captive audience and you don't have to look at them when you are talking about the facts of life (at least that is what I did). Sometimes TV, books or commercials make it easier. Like the pamphlet or commercial that said if you've been with someone, then you've been with who they've been with, and who they've been, and so on.

\*Alert: No need to look at the front cover, this is not a parenting magazine.

Now I have had to have another "talk" with my boys. I think this talk would be helpful not only with our kids but also with our colleagues. This talk is about social networking but about electronic social networks: Facebook, My-Space, and Twitter for example. Below are some golden rules I gave to my kids when using Facebook, etc.

### 8 golden rules

- If you don't want your mother, boss, future boss or future children to see it, then don't post-it.

- If you plan to run for political office someday be very careful about what you post or your friends post.



Deb Rigiero

- A picture speaks a thousand words. Be very careful with not just pictures you took, but with pictures someone else took of you doing something you shouldn't have. Those pictures can crop up on anyone's Facebook page. Also, make sure the background of the picture won't get you in trouble.
- Once written, posted or sent you cannot take it back. Even if you delete it someone may have seen it.
- TMI (too much information). Do you really want everyone knowing your personal information? I don't need to know exactly what you did between the hours of 10 p.m. to 2 a.m.. Do I really need to know what you had for breakfast? Especially don't put on your page that you are going on vacation. Who knows who will see it, maybe

some smart criminal.

- Whatever you post can and will be used against you in a court of law, or in some cases, arbitration with your employer (for those of us who are represented by a union).
- You do not control who sees what you have posted, emailed or twittered. It can be copied and pasted, forwarded, or printed and posted on some bulletin board for all to see.
- Never use a work computer for any personal business or postings.

Nurses and other workers have been disciplined or fired over emails and postings. Now, there are whole departments who browse these sites to look up their own employees or perspective employees. Don't get me wrong, these are important social networks and a way of communicating that expands our world. But as with any social network, be it electronic or personal you need protection. In the world of workers, being a union member is the best protection around. But even that is only effective if you use it properly. Participate in your union, report disciplines or discussions, don't meet with management alone and follow the "Golden Rules."

\*If you've made it to the end of this article, thank you very much. Now go forward and post ... carefully. ■

## With help from the MNA, Joe O'Brien elected mayor of Worcester

MNA-endorsed candidate Joe O'Brien won the Worcester mayor's seat in a landslide victory in November. Region 2 members were pleased as they worked hard on his campaign. O'Brien is no stranger to the MNA. He's a former Worcester School Committee member, was the manager of Lt. Governor Tim Murray's state-wide race, and is the district director for our good friend Congressman Jim McGovern.

The mayor of Worcester is the chairperson of the City Council and the School Committee. In Worcester, the MNA represents nurses at all three medical centers, the Worcester Public School nurses, the Worcester Public Health nurses, and the nurses and health professionals at Worcester State Hospital. The decision to endorse Joe was an easy one. In our interview with him he clearly articulated that he understands and supports MNA's priorities at the municipal level. Joe understands the work and challenges of Worcester Public School and Worcester Public Health nurses and supports us. He pledged to help our nurses if and when private sector negotiations become impossible. Joe knows that when the MNA reaches out to elected officials for help with difficult employers, it's because we've exhausted all other options. He will be our ally when we need him. That's why Region 2 members worked as hard as they did on his campaign. They made calls to the 711 members who live in Worcester to encourage them to vote for Joe. They made sure that Worcester MNA members received notice in the mail about the endorsement and that they got a call to remind them to vote on November 3.



**MNA support:** From left, Jane Leidel, Tami Hale, Marie Ritacco, Susan Morris-Smith, Joe O'Brien, Nicole Kazarian (with Anaheed Khalili in front), Ellen Smith, Lynne Starbard, Susan Mulcahy and Denise Khalili.

Thanks to the voters and to the hard work of our members, Worcester now has a Mayor who will listen to and work with MNA members. Congratulations to all the Region 2 members who worked so hard on this campaign. ■

## MNA member named Metro Boston EMS Nurse of the Year

MNA member Nicole Jean-Louis, RN, a nurse with the Cambridge Health Alliance has been named the EMS Nurse of the Year by the Metropolitan Boston Emergency Medical Services Council. The award, which honors a nurse who has contributed in a significant way to the development of EMS skills, efforts and education within the greater Boston region, was recently presented at the ninth annual EMS awards ceremony at American Legion Post 440 in Newton.

Jean-Louis joined Cambridge Health Alliance in 1987 and has served as a nurse at CHA's Cambridge Hospital emergency department (ED) for more than 10 years. She is an integral component of an ED which ranks among the best in the state for reportable quality measures.

In addition to her daily duties providing a high standard of care for all patients treated at the ED, Jean-Louis is a nurturing teacher who plays an active role engaging and educating EMS providers. She is an exceptional resource for paramedic students during clinical rotations at the Cambridge Hospital campus as well as a noted preceptor for second- and third-year nursing students at CHA.

"Nicole's positive spirit is a tremendous force in our Cambridge Hospital ED," said Assaad Sayah, MD, CHA's chief of emergency medicine. "She is a consummate professional with a remarkable bedside manner, treating even the most difficult patient with the utmost level of kindness and respect.



I am truly grateful for her contributions to CHA and am thrilled her efforts have been recognized by EMS professionals throughout the region."

The Metropolitan Boston Emergency Medical Services Council coordinates the delivery of emergency medical services to more than two million residents living in EMS Region IV. ■

Region 1 Film Night Presents

### **Pizza, Popcorn & Movie**

on the semi-big screen at Region 1.

241 King St., Suite 226, Northampton

**Thursday, Feb. 25**

5:30 Pizza • 6:00-6:45 Film • 6:45 Food, discussion, fun

*Bring your co-workers, friends and family. Children welcome!*

RSVP to let us know you are coming:  
413-584-4607 or region1@mnarn.org

### **MNA membership dues deductibility for 2009**

The table below shows the amount and percentage of MNA dues that may not be deducted from federal income taxes. Federal law disallows as a tax deduction the portion of membership dues used for lobbying expenses.

Region	Amount	Percent
All Regions	\$39.00	5.0%

## MNA incumbent office holders

### Board of Directors

#### President

Donna Kelly-Williams, 2009 - 2011

#### Vice President

Karen Coughlin, 2008 - 2010

#### Secretary

Rosemary O'Brien, 2009 - 2011

#### Treasurer

Ann Marie McDonagh, 2008 - 2010

### Regional Directors (Labor Seats)

#### Region 1:

Vacant, 2009 - 2011

Sandra Hottin, 2008 - 2010

#### Region 2:

Patricia Mayo, 2009 - 2011

Ellen Smith, 2008 - 2010

#### Region 3:

Karen Gavigan, 2009 - 2011

Stephanie Stevens, 2008 - 2010

#### Region 4:

Patricia Rogers Sullivan, 2009 - 2011

Margaret Derby, 2008 - 2010

#### Region 5:

Dan Rec, 2009 - 2011

Ginny Ryan, 2008 - 2010

### At-Large Directors (Labor)

Beth Amsler, 2008 - 2010

Colette Kopke, 2009 - 2011

Kathy Metzger, 2009 - 2011

Kathie Logan, 2009 - 2011

Diane Michael, 2008 - 2010

Marie Ritacco, 2008 - 2010

Colleen Wolfe, 2009 - 2011

### At-Large Directors (General)

Fabiano Bueno, 2008 - 2010

Donna Dudik, 2008 - 2010

Gary Kellenberger, 2008 - 2010

James Moura, 2009 - 2011

Barbara Tiller, 2008 - 2010

Nora Watts, 2009 - 2011

Debra Vescera, 2009 - 2011

### Labor Program Member (Non-RN, Health Care Professional)

Gloria Bardsley, 2009 - 2011

### Congress on Health Policy and Legislation

Nancy Pitrowiski, 2009 - 2011

Francis "Sandy" Eaton, 2009 - 2011

Tina Russell, 2009 - 2011

Pamela Mason, 2009 - 2011

Lynne Starbard, 2009 - 2011

Kathy Charette, 2009 - 2011

Patricia Healey, 2009 - 2011

### Congress on Health and Safety

Terri Arthur

Peg Tayler Careau

Maryanne Dillon

Patti Duggan

Sandra LeBlanc

Gail Lenehan

Elizabeth O'Connor

Kate Opanasets

Kathy Sperrazza

### Congress on Nursing Practice

Linda Barton

Peg Tayler Careau

Marianne Chisholm

Ellen Deering

Mary Keohane

Susan Lipsett

Beth Pisknick

Leann Tibets

Linda Winslow

Finance Committee

Bill Arris

Karen Coughlin

Gary Kellenberger

Rick Lambos

Patricia Mayo

Ann Marie McDonagh

Patricia O'Neill

Tina Russell

Colleen Wolfe

Deborah Woods

### Bylaws Committee

Myra B. Brennan

Ellen M. Farley

William Fyfe

Patricia E. Healey

Kathleen A. Marshall

Jean Mazzola

Irene Patch

Elizabeth Sparks

Janet Spicer

## Regional Council election

Pursuant to the MNA Bylaws: Article III, Regional Councils, Section 5: Governance

- a. The governing body within each region will consist of:
  - (1) A Chairperson, or designee, for each MNA bargaining unit.
  - (2) One Unit 7 representative on each regional council, to be designated by the Unit 7 President.
  - (3) Four at-large elected positions. General members, labor members, and labor program members are eligible to run for these at-large positions. At-large members serve a two year term or until their successors are elected.
- b. At-large members shall be elected by the Regional Council's membership in MNA's general election. Two at-large members shall be elected in the even years for two-year terms and two at-large members shall be elected in the odd years for two-year terms. *Proviso: This election commences in 2008.* ■

**Consent-to-serve forms,  
See Pages 16 & 17**

## Massachusetts Nurses Association 2010 positions available

Vice President, Labor\*, (vote for one for two years)

Treasurer, Labor\*, (vote for one for two years)

Director, Labor\*, (vote for five for two years), (one per Region)

Region 1

Region 2

Region 3

Region 4

Region 5

Director At-Large, Labor\*, (vote for three for two years)

Director At-Large, General\*, (vote for four for two years)

Nominations Committee, (vote for five for two years), (one per region)

Region 1

Region 2

Region 3

Region 4

Region 5

Bylaws Committee, (vote for five)

Congress on Nursing Practice, (vote for four for two years)

Congress on Health Policy (vote for four for two years)

Congress on Health and Safety (vote for four for two years)

Center for Nursing Ethics & Human Rights (vote for two for two years)

At-Large Position in Regional Council (vote for two for two years)

Region 1

Region 2

Region 3

Region 4

Region 5

\*General means an MNA member in good standing & does not have to be a member of the labor program. Labor means an MNA member in good standing who is also a labor program member. Labor Program Member means a non-RN Healthcare Professional who is a member in good standing of the labor program

# Consent to Serve for the MNA 2010 Election

I am interested in active participation in Massachusetts Nurses Association.

## MNA General Election

- |  |   |
|--|---|
| <input type="checkbox"/> Vice President, Labor*, 1 for 2 years                 | <input type="checkbox"/> Bylaws Committee (5 for 2 years)                         |
| <input type="checkbox"/> Treasurer, Labor*, 1 for 2 years                      | <input type="checkbox"/> Congress on Nursing Practice (4 for 2 years)             |
| <input type="checkbox"/> Director, Labor*, (5 for two years) [1 per Region]    | <input type="checkbox"/> Congress on Health Policy (4 for 2 years)                |
| <input type="checkbox"/> Director At-Large, Labor*, (3 for 2 years)            | <input type="checkbox"/> Congress on Health & Safety (4 for 2 years)              |
| <input type="checkbox"/> Director At-Large, General*, (4 for 2 years)          | <input type="checkbox"/> Center for Nursing Ethics & Human Rights (2 for 2 years) |
| <input type="checkbox"/> Nominations Committee, (5 for 2 years) [1 per region] |   |

\* "General" means an MNA member in good standing and does not have to be a member of the labor program. "Labor" means an MNA member in good standing who is also a labor program member. "Labor Program Member" means a non-RN health care professional who is a member in good standing of the labor program.

Please type or print — Do not abbreviate

**Name & credentials** \_\_\_\_\_  
(as you wish them to appear in candidate biography)

Work Title \_\_\_\_\_ Employer \_\_\_\_\_

MNA Membership Number \_\_\_\_\_ MNA Region \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### Educational Preparation

School	Degree	Year

### Present or Past MNA Offices/Association Activities (Cabinet, Council, Committee, Congress, Unit, etc.) *Past 5 years only.*

MNA Offices	Regional Council Offices

Candidates may submit a **typed** statement not to exceed 250 words. Briefly state your personal views on nursing, health care and current issues, including, if elected, what your major contribution(s) would be to the MNA and in particular to the position which you seek. This statement will be used in the candidate biography and published in the *Massachusetts Nurse Advocate*. Statements, if used, must be submitted with this consent-to-serve form.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Signature of Nominator (leave blank if self-nomination)

**Postmarked Deadline:** Preliminary Ballot: March 31, 2010  
 Final Ballot: June 1, 2010

**Return To:** Nominations and Elections Committee  
 Massachusetts Nurses Association  
 340 Turnpike Street, Canton, MA 02021

- Hand delivery of material must be to the MNA staff person for Nominations and Elections Committee only.
  - Expect a letter of acknowledgment (call by June 1 if none is received)
- Retain a copy of this form for your records.
  - Form also available on MNA Web site: [www.massnurses.org](http://www.massnurses.org)

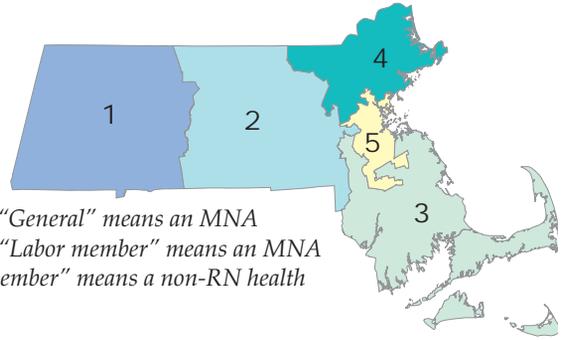
# 2010 Consent to Serve for the MNA Regional Council

I am interested in active participation in MNA Regional Council

At-Large Position in Regional Council (2-year term; 2 per Region)

I am a member of Regional Council

Region 1  Region 2  Region 3  Region 4  Region 5



General members, labor members and labor program members are eligible to run. "General" means an MNA member in good standing and does not have to be a member of the labor program. "Labor member" means an MNA member in good standing who is also a labor program member. "Labor program member" means a non-RN health care professional who is a member in good standing of the labor program.

Please type or print — Do not abbreviate

Name & credentials \_\_\_\_\_  
(as you wish them to appear in candidate biography)

Work Title \_\_\_\_\_ Employer \_\_\_\_\_

MNA Membership Number \_\_\_\_\_ MNA Region \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

## Educational Preparation

School	Degree	Year

## Present or Past MNA Offices/Association Activities (Cabinet, Council, Committee, Congress, Unit, etc.) Past 5 years only.

MNA Offices	Regional Council Offices

Candidates may submit a **typed** statement not to exceed 250 words. Briefly state your personal views on nursing, health care and current issues, including, if elected, what your major contribution(s) would be to the MNA and in particular to the position which you seek. This statement will be used in the candidate biography and published in the *Massachusetts Nurse Advocate*. Statements, if used, must be submitted with this consent-to-serve form.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Signature of Nominator (leave blank if self-nomination)

**Postmarked Deadline:** Preliminary Ballot: March 31, 2010  
Final Ballot: June 1, 2010

**Return To:** Nominations and Elections Committee  
Massachusetts Nurses Association  
340 Turnpike Street, Canton, MA 02021

# How to recognize and respond to sexual harassment in the workplace

## Statement of the problem

Sexual harassment is a major problem in all workplaces. Harassers could be your co-workers, managers, supervisors, physicians, patients, and/or visitors.

## Two definitions of sexual harassment:

*Quid pro quo.* “Unwelcome sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature constitute harassment when a submission to or rejection of such conduct is used as the basis for employment decisions (Gardner & Johnson, 2001).”

*Hostile work environment.* “Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature that has the purpose or effect of unreasonably interfering with an individual’s work performance or creating an intimidating, hostile, or offensive working environment (Gardner & Johnson, 2001).”

### Examples:

- Sexually oriented comments about someone’s body, appearance, and/or lifestyle
- Offensive behavior such as leering, ridicule, or innuendo
- Deliberate unwanted physical contact

## Why harassers harass

Sexual harassment in the workplace is an unlawful exercise of power. Research shows that harassers choose their targets systematically. The harassers choose their victims to exert their need to have power and control over someone else. Harassers often believe themselves empowered due to size, gender, and societal or work related authority. Research identifies the dominance roles of big/small, male/female, doctor/nurse, and supervisor/worker as the frequent dynamic in sexual harassment.

## Combating sexual harassment in your workplace: confront and report

- Recognize sexual harassment for what it is.
- Keep documentation; a diary with dates, incidents, witnesses, and the who, what, where.
- Report the harassment to a supervisor or manager.
- Seek support from co-workers. If this is not possible because of hostility in the workplace, confide in your friends and family.
- Some authors suggest that you confront the harasser. Do not attempt this alone. For your safety it is essential to have someone you trust with you.

- For additional help contact your state Division of Human Rights or the Equal Employment Opportunity Commission (EEOC).

## Prevention is the cure

Employees in healthcare settings are entitled to a safe, harassment-free workplace.

- Education is essential for prevention.
- All employees should be required to participate in initial and annual educational programs.
- The sexual harassment policy should be understood by all employees and the policy should be publicly displayed—with clear instructions on how to file a complaint.

## Employer response

Managers and supervisors should be instructed on how to address harassment and not be judgmental of the victim. They should be committed to helping stop the harassment. If the sexual harassment does not stop through the organizations internal system, an employee has the private right to take legal action under Title VII of the Civil Rights Act of 1964, which can be completed with the assistance of an attorney.

## Resources

Gardner, S. & Johnson, P.R. *Sexual Harassment in Healthcare: Strategies for employers.* *Hospital Topics*, 5-11, 2001.

New York State Nurses Association. *Position Statement: Sexual Harassment in the Workplace.* [www.nysna.org](http://www.nysna.org)

U.S. Equal Employment Opportunities Commission. [www.eeoc.gov](http://www.eeoc.gov)

This Fact Sheet on Sexual Harassment was developed by Nicole Crane, a student at UMass Boston and an intern in the Health and Safety Division last year. This work was prepared in collaboration with the members of the Congress on Health and Safety and the Workplace Violence and Abuse Prevention Task Force. Nicole Crane is the daughter of MNA member Ellen Smith RN.

Ellen Smith, UMass Medical Center, University in 6ICU, MNA Board of Directors, vice chair of Regional Council 2, grievance chair at and negotiating team UMass.

The Fact Sheet is available on the MNA Website, under the Health and Safety link on the home page.

## Domestic violence: what nurses need to know

In June 2008, the Massachusetts Department of Public Health issued a public health advisory on domestic violence, citing the drastic increase in domestic violence homicides over a four year period. With the current economic downturn, rates of family violence and abuse are likely to increase.

On April 26, the MNA will sponsor a domestic violence training program, “Domestic Violence: What Nurses Need to Know” at the MNA office in Canton, 340 Turnpike St., from 5:30 to 9 p.m. Designed to help nurses better identify and respond to cases of domestic violence in the health care setting, the training will feature these topics: “Understanding Domestic Violence,” “The Impact of Domestic Violence on Children, Families and Society,” “Effective Nursing Interventions” and “An Overview of the Criminal Justice System.” Presenters will include professional staff from the Department of Public Health, the Middlesex district attorney’s office, Tufts University and a nurse who

has survived domestic violence.

Come and learn assessment skills to identify victims of domestic violence, how to communicate effectively to enable victims to seek help and the many resources available to provide assistance and security.

Federal statistics show 37 percent of all women who seek emergency room treatment have been injured by a current or former spouse with the annual national cost of domestic violence exceeding \$5.8 billion, including direct medical and mental health costs for victims. Beyond injury, other medical issues for which victims of domestic violence are treated are innumerable. The February 2008 edition of *Mortality and Morbidity Weekly* reported that women who experience intimate partner violence are at high risk for heart disease, stroke, asthma, heavy drinking and for requiring the use of a cane or wheelchair. Depression, anxiety, insomnia, headaches and backaches are other common symptoms exhibited by victims of abuse. ■



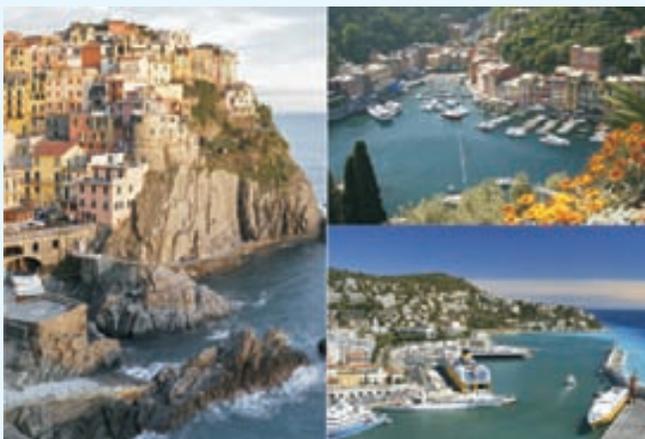
### Rome City Stay - May 26 – June 2, 2010 \$1299\*

We are offering an exciting 8 day / 6 night tour to the eternal city of Rome. This trip includes round trip air from Boston, transfers to and from the hotel as well as a substantial buffet breakfast daily. We will be staying at a 4-star hotel in Rome for 6 nights. We will have a welcome dinner the first evening and a half-day panoramic sightseeing tour our first full day in Rome. For the rest of the week you are free to tour this spectacular city and all it has to offer. Optional excursions can also be arranged to other sites in Italy as you wish at our local hosts hospitality desk set up upon arrival at the hotel. This trip is sure to fill quickly, so reserve soon.



### Germany with Oktoberfest & Austrian Lakes - Sept. 15-23, 2010 \$2149\*

Join this 9 day, 7 night trip to Germany and Austria in the beautiful autumn season. While in Munich, we will enjoy a half day visit at the Oktoberfest festival. We will tour Innsbruck, and Salzburg. Tour will take you through the magnificent Dolomite Mountains and to Vipiteno. While in Bavaria, we will visit the fairytale castle of Neuschwanstein. This trip includes round trip air from Boston, transfers to and from the hotel. Breakfast and Dinner daily is included as well as one lunch. Don't miss this grand tour of this beautiful region at its most picturesque time of year.



### Italian & French Riviera – Sept. 27-Oct. 6, 2010 \$2149\*

Join this wonderful 10-day/8-night tour to the beautiful Mediterranean Riviera. Starting in the Province of Liguria, nestled along Italy's Italian Riviera (*north of Florence and south of Milan*). You will enjoy a 4-night stay. The tour includes an extensive daily sightseeing program with breakfast and dinner daily. During this tour we will visit Portovenere, Portofino, Cinque Terre, and Riomaggiore. While in Nice, France, we will tour Monaco, Aix en Provence, and Grasse. The area's mild climate provides for enjoyable touring along this beautiful coastal region. Don't miss this grand tour of the picturesque Italian and French Riviera regions.

**Prices listed above include air, transfers, hotel, all tours and most meals. A fabulous value! Space fills fast, reserve early. For more information on these great vacation and to be placed in a database to receive yearly flyers, contact Carol Mallia at [cmallia@mnarn.org](mailto:cmallia@mnarn.org) with your mailing address.**

\* Prices listed are per person, double occupancy based on check purchase. Applicable departure taxes are **NOT** included in the listed prices. Credit card purchase price is \$30 higher than listed price.

# MNA<sup>SM</sup>

## LABOR SCHOOL



### Track 1: MNA Overview and Structure

	Region	1	2	3	4	5
<b>Week 1: Overview of the MNA</b>			C	C		C
Divisions			O	O	1/14	O
By-laws	2/10		M	M		M
How policies, decisions are made			P	P		P
One member, one vote						
<b>Week 2: Legislative and Governmental Affairs</b>			L	L		L
Division: Political Activity	2/24		E	E	1/28	E
<b>Week 3: Nursing Division/Health and Safety</b>	3/3		T	T	2/25	T
<b>Week 4: Public Communications</b>	3/17		E	E	2/11	E
<b>Week 5: Organizing Division</b>	3/31		D	D	3/18	D

### Track 2: Role of the Floor Rep., Grievances and Arbitration

	Region	1	2	3	4	5
<b>Week 1: Role of the MNA rep</b>						
Identifying grievances						
What is grievable			3/16			
Grievances vs. complaints—how to tell the difference, how to work with the member	C			C	C	C
<b>Week 2: Components of the grievance procedure</b>						
Time lines and steps	O			O	O	O
When/how to settle grievances						
Discipline vs. contract interpretation grievances	M			M	M	M
Burden of proof, just cause, due process, seven tests of just cause			3/30			
Past practice	P			P	P	P
• Definition						
• Difficulty in proving a practice	L			L	L	L
• Burden in proving a practice						
<b>Week 3: How to file grievances</b>						
How to write a grievance	E			E	E	E
Investigation/identifying sources of information			4/13			
Right to information	T			T	T	T
Information requests						
Constructing the case						
<b>Week 4: Presenting the grievance</b>						
Dealing with management	E		4/27	E	E	E
Settling the grievance						
<b>Week 5: Arbitration</b>						
Why it's good for the members	D			D	D	D
Why it's bad for the members						
Unfair labor practices			5/11			
Weingarten rights						
Organizing around grievances						

### Track 3: Collective Bargaining

	Region	1	2
<b>Week 1: Negotiations and the Legal Basis</b>			
Process overview		C	12/3
Bargaining ground rules			
<b>Week 2: Preparing for Bargaining</b>			
Importance of internal organizing		O	
Contract action team			
Contract calendar, planning events			1/14
Surveys, meetings, other methods of gathering proposals from members		M	
Setting priorities			
Developing a campaign			
<b>Week 3: Committee Decision Making</b>			
Conduct at the table		P	
Dates, location, etc			1/28
Open bargaining. Pros & cons.			
Opening statements		L	
Proposal exchange			
<b>Week 4: Table Tactics/Reading Signals</b>			
Implementing the contract campaign		E	2/11
The contract action team			
Writing contract language			
<b>Week 5: Costing the Contract</b>			
Bargaining video		T	
Picketing and strikes			2/25
Bargaining unit job actions			
Impasse/contract extensions		E	
<b>Week 6: Use of the Media</b>			
Reaching agreement, writing final language			
Committee recommendation		D	3/10
Ratification process			
Midterm bargaining			

### Track 4: Computer Training

	Region	1	2
<b>Week 1: Excel 1</b>		1/29	1/13
<b>Week 2: Excel 2</b>		2/10	1/25
<b>Week 3: Excel 3 graphs &amp; application</b>		2/24	2/22
<b>Week 4: Word 1</b>		3/3	3/8
<b>Week 5: Word 2</b>		3/17	3/15
<b>Week 6: Publisher 1</b>		3/31	—

After a very successful first year, the MNA Labor School has been expanded and restructured. It now consists of six separate tracks of classes in each Region running five to seven weeks each, depending on the track. Two new tracks have been added. One focuses on the MNA structure and divisions, and the second track on computer training (Excel, Word and Publisher). Classes are standardized, so if one particular class is missed in one region, it can be picked up in any other region.

At the conclusion of each track, participants receive a certi-

cate of completion. Any MNA member who completes **any two** tracks will receive an MNA Labor School blue jacket. There are no prerequisites to attend any track—members are free to attend any track they choose and need not follow them in order. Each track is self-contained, focusing on a specific area of interest.

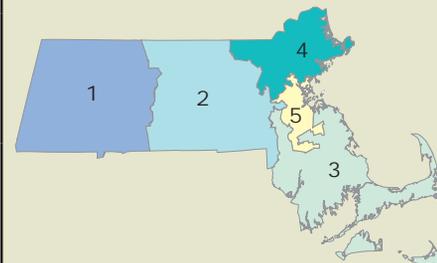
Preregistration through the Regional office is necessary. Classes generally run from 5–7:30 p.m., with a light meal included. All courses are free and open to any MNA member. **Classes in red will be held from 10 a.m.– noon.**

	3	4	5
11/17	C	C	
	O	O	
12/1	M	M	
	P	P	
12/15	L	L	
	E	E	
1/5	T	T	
	E	E	
1/19			
	D	D	

Track 5: Building the Unit, Building the Union						
	Region	1	2	3	4	5
<b>Week 1: Member Participation/Basic Foundation</b>		C	C		C	C
Purpose of a union						
Bargaining unit structure & officers		O	O		O	O
By-laws, why they're important						
Organizing model, internal organizing						
<b>Week 2: Organizing the Workplace</b>		M	M		M	M
Mapping the workplace						
Using contract action teams outside of bargaining		P	P		P	P
Organizing around grievances						
<b>Week 3: Attacking Member Apathy</b>		L	L		L	L
Effective union meetings						
Internal communication structure		E	E		E	E
Member feedback						
<b>Week 4: Strategic Planning</b>		T	T		T	T
Developing Plan						
Assessment		E	E		E	E
Intervention						
<b>Week 5: Workplace Action</b>		E	E		E	E
Identifying Action						
Plan, preparation and calendar		D	D		D	D
Pressure tactics/Work to rule						
Strikes						

Track 6: Labor Law and Special Topics						
	Region	1	2	3	4	5
<b>Week 1: Family and Medical Leave Act</b>		C			C	C
Massachusetts Small Necessities Leave Act						
<b>Week 2: Fair Labor Standards Act</b>		O			O	O
Overtime rules						
Labor-Management Reporting and Disclosure Act		M			M	M
Union officer elections						
<b>Week 3: Workers Compensation</b>		P			P	P
Occupational Safety and Health Act						
<b>Week 4: Americans with Disability Act</b>		L			L	L
Age Discrimination Act						
Worker Adjustment & Retraining Notification Act		E			E	E
Employment Discrimination HIPAA						
Uniformed Services Employment and Reemployment Rights Act of 1994		T			T	T
<b>Week 5: NLRB &amp; the Kentucky River/Oakwood cases</b>		E			E	E
Nurse supervisor issues		D			D	D

**For further details:**  
[massnurses.org](http://massnurses.org)  
 781-830-5757



### Labor School Locations

**Region 1, Western Mass.**

241 King Street  
 Northampton  
 413.584.4607

**Region 2, Central Mass.**

365 Shrewsbury St.  
 Worcester  
 508.756.5800

**Region 3, South Shore/ Cape & Islands**

60 Route 6A  
 Sandwich  
 508.888.5774

**Region 4, North Shore**

10 First Avenue, Suite 20  
 Peabody  
 978.977.9200

**Region 5, Greater Boston**

MNA Headquarters  
 340 Turnpike Street, Canton  
 781.821.8255

3	4	5
C	4/8	C
O	4/22	O
M	5/13	M
P	5/27	P
L	6/10	L
E	6/24	E
T		T
D		D

# 2010 MNF scholarships available



► Scholarship

► Research

► Education

Massachusetts Nurses Foundation, Inc.

- **Rosemary Smith Memorial Scholarship** for MNA members seeking advanced degree in nursing, labor studies or public health policy (\$1,500)
- **School Nurse Scholarships** for MNA members enrolled in an accredited program related to school health issues (\$1,500)
- **Unit 7 Scholarship** for RN pursuing higher education (\$1,000)
- **Unit 7 Scholarship** for health care professional pursuing higher education (\$1,000)
- **Regional Council 5 Scholarship** for child of an MNA member pursuing higher education (other than nursing) (5 available) (\$2,000)
- **Regional Council 5 Scholarship** for child of an MNA member pursuing a nursing degree (5 available) (\$2,000)
- **Regional Council 5 Scholarship** to an MNA member's spouse/significant other pursuing nursing degree (\$1,000)
- **Regional Council 4 Scholarship** for MNA member pursuing nursing degree/higher education (5 available) (\$1,500)
- **Regional Council 3 Scholarship** for MNA member pursuing BSN (3 available) \$1,500
- **Regional Council 3 Scholarship** for MNA member pursuing MSN/PhD (3 available) (\$1,500)
- **Regional Council 3 Scholarship** for MNA member's child pursuing BSN (4 available) (\$1,000)
- **Regional Council 2 Scholarship** for MNA member pursuing nursing degree/higher education (3 available) (\$1,000)
- **Regional Council 2 Scholarship** for MNA member's children pursuing nursing degree (5 available) (\$1,000)
- **Carol Vigeant Scholarship** for entry level nursing student in Worcester area (\$2,000)
- **Kate Maker Scholarship** for entry level nursing student in Worcester area (\$2,500)
- **Janet Dunphy – MNA Regional Council 5 Scholarship** for member pursuing baccalaureate degree (5 available) (\$2,000)
- **Janet Dunphy - MNA Regional Council 5 Scholarship** for member pursuing master's degree (3 available) (\$2,000)
- **Janet Dunphy – MNA Regional Council 5 Scholarship** for member pursuing doctoral degree (2 available) (\$2,000)
- **Regional Council 1 Scholarship** for MNA member's children pursuing nursing degree (\$1,000)
- **Annual Faulkner Hospital School of Nursing Alumnae Scholarship** (2 available) (\$1,000)
  1. An entry level scholarship for students pursuing and AD or BS degree. Preference for this scholarship will be given to applicants who are lineal descendants of alumnae of FHSON; second preference will be given to all others.
  2. The Connie Moore Award is for RN's pursuing a BSN or MSN degree. First priority will be given to FHSON alumnae, then to lineal descendants, then to all other RN's.

Printable applications with instructions and eligibility requirements are available at [www.massnurses.org](http://www.massnurses.org). To have an application mailed, call the MNF voice mail at 781-830-5745.

• Application Deadline: June 1, 2010 •

**Are You a Nurse Struggling After a Bad Patient Outcome?**

# **We Understand. We Can Help.**

MITSS support team members are aware of the difficult emotional, social and professional issues a nurse has to deal with following an adverse event.

**Nurses may experience:**

- Feelings of loss
- Shame and guilt
- Depression
- Anxiety
- Feelings of isolation and being alone
- Doubts about professional competence
- Difficulties at work and at home

**MITSS provides confidential:**

- Telephone "hotline" support
- Short-term individual counseling
- Support groups for nurses led by a licensed clinical psychologist
- Referral services for emotional support

**You chose a caring field.  
Maybe it's time to take care of yourself.**

MITSS services are available to any nurse  
and are not restricted to MNA members.  
Call us toll free at 888-36MITSS or visit [www.mitss.org](http://www.mitss.org).

## MITSS



**Medically Induced Trauma  
Support Services**

# MNA<sup>SM</sup>

## Peer

## Assistance

## Program

*Help for Nurses  
with Substance  
Abuse Problems*



- Are you a nurse who is self-prescribing medications for pain, stress or anxiety?
- Are you a nurse who is using alcohol or other drugs to cope with everyday stress?
- Would you appreciate the aid of a nurse who understands recovery and wants to help?

Please call us at  
781-821-4625, ext. 755  
or 800-882-2056 (in Mass. only)  
[peerassistance.com](http://peerassistance.com)

All information is confidential

*The MNA Peer Assistance Program is a confidential program provided by the MNA to assist chemically dependent nurses.*

## Support Groups for Nurses and Other Health Professionals with Substance Abuse Problems

*Below is a list of self-help groups facilitated by volunteer nurses who understand addiction and the recovery process. Many nurses with substance abuse problems find it therapeutic to share their experiences with peers who understand the challenges of addiction in the health care profession.*

### Boston Metropolitan Area

- Bournwood Hospital, Health Care Professionals Support Group, 300 South St., Brookline. Donna White, 617-469-0300, x305. Wednesdays, 7:30–8:30 p.m.
- McLean Hospital, DeMarmeffe Building, Room 116. LeRoy Kelly, 508-881-7889. Thursdays, 5:30–6:30 p.m.
- Caritas Good Samaritan Medical Center, Community Conference Room, 235 N. Pearl St., Brockton. Steve Nikolsky, 508-238-8024. Thursdays, 6:30–7:30 p.m.
- Health Care Professional Support Group, Caritas Norwood Hospital, Norwood. Jacqueline Sitte, 781-341-2100. Thursdays, 7–8:30 p.m.

### Central Massachusetts

- Professional Nurses Group, UMass Medical Center, 107 Lincoln Street, Worcester. Contacts: Laurie, 508-853-0517; Carole, 978-568-1995. Mondays, 6–7 p.m.

Health Care Support Group, UMass School of Medicine, Outside Room 123, Worcester. Emory, 508-429-9433. Saturdays, 1–2 p.m.

Adcare Hospital of Worcester, 107 Lincoln Street, Worcester. Contacts: Lorraine, 508-410-0225. Mondays, 6–7 p.m.

### Northern Massachusetts

- Baldpate Hospital, Bungalow 1, Baldpate Road, Georgetown. Dana Fogerty, M.A., 978-352-2131, x57. Tuesdays, 5–6 p.m.
- Nurses Recovery Group, Beverly Hospital, 1st Floor. Jacqueline Lyons, 978-697-2733. Mondays, 6–7 p.m.
- Partnership Recovery Services, 121 Myrtle Street, Melrose. Jay O'Neil, 781-979-0262. Sundays 6:30–7:30 p.m.

### Southern Massachusetts

- Peer Group Therapy, 1354 Hancock St., Suite 209, Quincy. Chris Sullivan, 617-838-6111. Tues. 5:15 p.m., Wed., 5:15 p.m. & coed at 6:30 p.m.
- PRN Group, Pembroke Hospital, 199 Oak St., Staff Conference Room, Pembroke. Sharon Day, 508-667-2486. Tuesdays, 6:30–8 p.m.
- Substance Abuse Support Group, AdCare Michelle, 508-965-2479. Mondays, 7–8:30 p.m.

### Western Massachusetts

- Professionals in Recovery, Baystate VNAH/EAP Building, Room 135, 50 Maple St., Springfield. Marge Babkiewicz, 413-794-4354. Meets Thursdays, 7:15–8:15 p.m.
- Professional Support Group, Franklin Hospital Lecture Room A, Greenfield. Contacts: Wayne Gavryck, 413-774-2351, Elliott Smolensky, 413-774-2871. Wednesdays, 7–8 p.m.

### Other Areas

- Maguire Road Group, for those employed at private health care systems. John William, 508-834-7036 Mondays.
- Nurses for Nurses Group, Hartford, Conn. Contacts: Joan, 203-623-3261, Debbie, 203-871-906, Rick, 203-237-1199. Thursdays, 7–8:30 p.m.
- Nurses Peer Support Group, Ray Conference Center, 345 Blackstone Blvd., Providence, R.I. Sharon Goldstein, 800-445-1195. Wednesdays, 6:30–7:30 p.m.
- Nurses Recovery Group, VA Hospital, 6th Floor Lounge, North 650, Manchester, N.H. Contacts: Janet K., 978-975-5711 Sandy, 603-391-1776. Tuesdays, 7:00–8:00 p.m.



## Full member (75 percent) of applicable dues rate

Subject to verification, members who qualify for one of the following categories may elect to pay 75 percent of the annual dues:

1. Health professional labor program member—any health care professional, other than a registered nurse, who is represented for purposes of collective bargaining by MNA;
2. Limited hours labor program member—any labor program member who is represented for purposes of collective bargaining by MNA and who has 988 or fewer hours paid in the preceding calendar year.

It is the responsibility of any registered nurse and/or other health care professional to verify to the satisfaction of MNA on an annual basis his/her eligibility for 75 percent dues category within any of the foregoing categories by April 1 of each year. Upon receipt of such verification of eligibility in the prior calendar year, the member shall receive the reduced dues rate effective the following July 1 through June 30. ■



## Application for Minimum Hours Reduced Dues Category

Please print clearly and submit to the Membership Division of MNA by April 1.

Name \_\_\_\_\_ MNA Membership ID # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contract Step \_\_\_\_\_ Anniversary Date \_\_\_\_\_

\*Confirmation of receipt of your application will be emailed to your MNA email address.

Telephone Daytime \_\_\_\_\_ Evening \_\_\_\_\_

This is to certify that I \_\_\_\_\_, RN was paid for a total of \_\_\_\_\_ hours in the year January 1, through December 31, 2009\* at the following MNA facility (s) of employment for the year of application

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

List each MNA facility separately

*I certify under penalty of perjury that the information herein is true and complete to the best of my knowledge.*

Signed \_\_\_\_\_

Date \_\_\_\_\_

\* MNA reserves the right to verify this information to determine eligibility



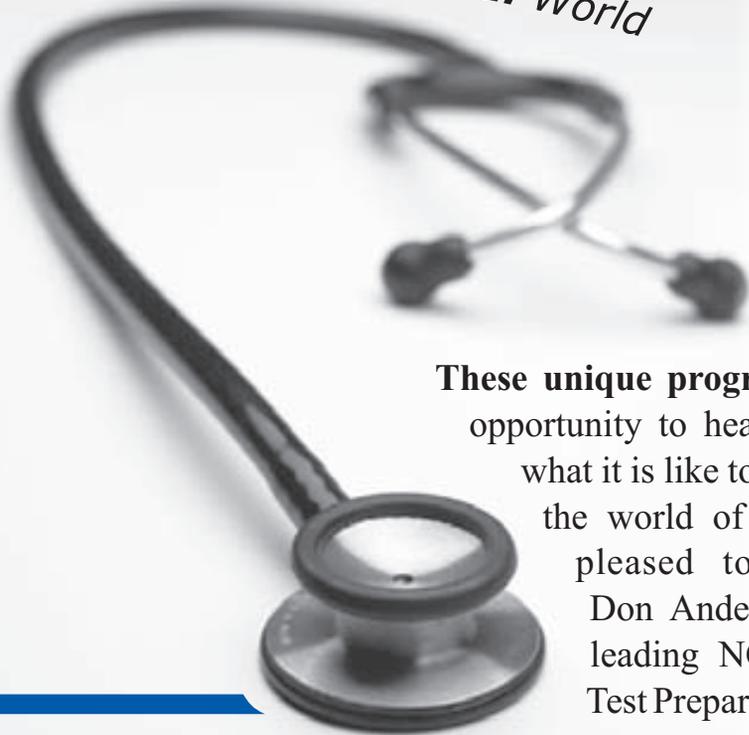
MASSACHUSETTS NURSES ASSOCIATION • 340 TURNPIKE STREET • CANTON, MA 02021

# Transitions

*for Senior Nursing Students*

Welcome to the **Real World**

**FREE**  
programs for  
senior nursing  
students and  
nursing faculty.



These unique programs provide senior nursing students the opportunity to hear first-hand from recent graduate nurses what it is like to transition from the school environment to the world of professional nursing. This year we are pleased to announce that we will also have Don Anderson CMS, RN, MSN, Ed D, who is a leading NCLEX preparation expert and owner of Test Preparations Specialist as one of our key panelist.

## Topics will include:

- Suggestions for NCLEX Preparation
- How to best manage a job search in today's challenging job market
- Interview strategies to evaluate a new graduate orientation and preceptorship for successful transition to the RN role

Representatives from area hospitals and other healthcare resources have been invited and will be available at the start of the program to discuss employment opportunities. A light supper will be served.

## Locations & Dates:

**April 1, 2010 • 5:30 - 9:00 p.m.** Sturbridge Host Hotel, Sturbridge, MA

**April 7, 2010 • 5:30 - 9:00 p.m.** Lombardo's Function Facility, Randolph, MA

These programs are **FREE** to senior nursing students and nursing faculty. Space will fill quickly! You must pre-register for the program by contacting Phyllis Kleingardner at the MNA at 800-882-2056 x794 or emailing her at [pkleingardner@mnarn.org](mailto:pkleingardner@mnarn.org).